

LME Quarterly Incidents Report

(Form QM13, Revised January 2006)

Instructions

Purpose:

10A NCAC 27G.0600 requires Local Management Entities (LMEs) to review all Level 2 and 3 and selected Level 1 Incident Reports submitted to them by service providers in their catchment areas and to provide a quarterly report to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The report shall include the following elements: (1) summary of incident data for the quarter, (2) an analysis of trends and patterns, (3) strategies developed to address identified problems or opportunities for improvement, (4) actions taken to implement strategies and make improvements, (5) an evaluation of the results of actions taken, and (6) the next steps being planned to ensure that improvements are sustained or to achieve the desired results if initial actions taken were unsuccessful. The quarterly report shall be submitted using a form provided by the Secretary of the NC DHHS and shall allow LMEs, consumers, the public, and the Division to assess trends and patterns of incidents and to see how this information is being used to support efforts to improve the quality of care delivered. The LME Quarterly Incidents Report (Form QM13) is the designated form for submitting this report. A copy of this form may be found on the Division's website (<http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm>).

What to Report:

The local host LME shall provide all of the information requested on the Form QM13. Include all Level 2 and 3 incidents and selected Level 1 incidents reported during the quarter in the host LME's catchment area, regardless of whether this information was previously reported to the State immediately following the occurrence of the incident. To avoid duplication in counts across the state, do not include incidents that occur outside of the LME's catchment area that are reported to the LME as the home LME.

The information requested on the form is divided into three sections:

- **Section 1 - Summary of Level 2 and 3 Incidents.**

- **This section is divided into three subsections.**

Subsection 1A - Summary of Level 2 and 3 Incidents (Total Number and Location). In this subsection, report the "Total Number of Incident Reports Received for the Quarter" for each level of incident. This number should be the total unduplicated count of incident reports received for the quarter. Count each incident report only once regardless of the number of separate types of incidents that may have been reported on an individual incident report form.

In this subsection, also report the "Number of Reports by Location of Incident". List only one location for each incident report received. The sum of the reports by location should equal the "Total Number of Incident Reports Received for the Quarter".

Subsection 1B - Summary of Level 2 and 3 Incidents (By Type of Incident). In this subsection, provide the numbers of incidents reported to the host LME for each of the various types of incidents, including consumer deaths (by cause of death); restrictive interventions; consumer injuries (by cause of injury); allegations of abuse, neglect, and exploitation; medication errors; consumer behavior related incidents, and other reportable incidents. It is possible that one incident report may contain more than one type of incident. Unless otherwise instructed on the incident report (some categories of incident allow only one type of incident to be reported on the incident report), include each type of incident listed on the individual incident report in the appropriate table in this subsection.

*[For example, suppose a single incident report describes an event in which an aggressive/destructive consumer behavior resulted in a restrictive intervention. In this case, a total of **two** incidents would be reported in this subsection. **One** incident would be reported as an "Aggressive/Destructive Act" in the "Consumer Behavior" table, and **one** incident would be reported in the appropriate row describing the type of restrictive intervention that was applied in the "Restrictive Interventions" table.]*

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[In a second example, suppose an individual incident report was submitted to document that a consumer was administered the wrong medication at the wrong time. In this case, the incident report instructions allow only one type of medication error to be listed for each incident report. Therefore, the incident would be reported in only one place in the "Medication Errors" table, most likely as a "Wrong Medication Administered".]

Subsection 1C - Numbers of Providers Reporting Level 2 and 3 Incidents. In this subsection, report the total number of providers submitting incident reports for each level of incident and the highest number of reports for a single provider. For corporate providers with multiple facilities/sites, the count of providers shall be based on individual facilities/sites, not corporate offices. Each individual facility/site will count as a provider.

There may be duplication in providers between the first two columns ("Providers with any Level 2 Incidents" and "Providers with any Level 3 Incidents"). The third column ("All Providers with Level 2 and/or 3 Unduplicated") should be an unduplicated count of providers that submitted a Level 2 or 3 incident report during the quarter.

[For example, suppose that 10 providers submitted a Level 2 incident report and 2 providers submitted a Level 3 incident report. The number of providers in the Level 2 column would be 10 and the number of providers in the Level 3 column would be 2.]

Now suppose that one of the providers that submitted a Level 3 incident report also submitted a Level 2 report during the quarter. The total in the "All Providers with Level 2 and/or 3 (Unduplicated)" column would be 11.]

The "Highest Number of Reports for a Single Provider" is the number of incident reports submitted by the single provider with the most reports during the quarter. This number indicates how widespread or concentrated incident reporting by providers is for the quarter.

- o **Separate columns are provided in Subsections 1A and 1B** to report the "Numbers By Level of Incident" (e.g. "Level 2", "Level 3", and "Total"), the "Unduplicated Count of Consumers", and "Highest Number of Reports For a Single Consumer" for each type of incident.

The "Numbers By Level of Incident" should be self-explanatory. Simply report the numbers of "Level 2" and "Level 3" incidents for each type of incident. The "Total" is the sum of the two columns.

The "Unduplicated Count of Consumers" allows LMEs to identify the number of consumers that generated the incidents being reported. This is useful in showing how widespread or concentrated the incidents are among consumers.

[For example, suppose that 10 Level 2 consumer injuries (due to trip or fall) were reported. In addition, suppose that one consumer accounted for 6 of these injuries and four consumers accounted for one each. The "Unduplicated Count of Consumers" in this case would be 5.]

The "Highest Number of Reports For a Single Consumer" allows LMEs to identify situations in which a large number of incidents may be due to an individual consumer.

[In the above example, the highest number of reports for a single consumer would be 6.]

- **Section 2 - Summary of Selected Level 1 Incidents.** In this section, report the aggregate numbers of Level 1 restrictive interventions, medication errors, and searches/seizures reported to the LME by service providers in their quarterly summary reports. Each table in this section includes columns for reporting the number of incident reports, the number of providers reporting, and the highest number of incidents for one consumer.

In the "Number of Incident Reports" column, provide the sum of the number of incident reports that service providers reported completing during the quarter for the type of incident indicated.

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In the "Number of Providers Reporting" column, report the number of service providers that submitted a Provider Quarterly Incident Report (Form QM11) that quarter for the type of incident indicated.

In the "Highest Number of Incidents for One Consumer" column, enter the highest number of incidents for the individual consumer with the most incidents of the type indicated reported by an individual service provider. Keep in mind that because service providers are only required to report aggregate information for Level 1 incidents, this number will not reflect all incidents for consumers who were served by more than one service provider during the quarter.

- **Section 3 - How the LME is Analyzing Trends and Using Incident Report Data.** This section provides a forum for the LME to share how it is using incident report data to improve the quality of services to consumers. In the space provided, include a brief description of patterns or trends that may have been noted in the analyses of incidents that were reported during the quarter. Describe strategies developed to address identified problems or opportunities for improvement, actions taken to implement strategies and to make needed improvements, an evaluation of the results of actions taken, and next steps being planned to ensure that improvements are sustained or to achieve the desired results if initial actions taken were unsuccessful. In order to meet the current fiscal year Performance Contract performance standard for incident reporting (1.6.3.), the report will need to show clear evidence of an effective process that contains the first four of the above underlined elements. To meet the best practice performance standard, the report will need to show clear evidence of an effective process that contains all five of the above underlined elements.
 - Examples of analyses the LME may want to consider performing include looking at trends and patterns of incidents from a variety of perspectives including from the service provider's perspective, from the consumer's perspective, from the clinical perspective, and/or from the service system's perspective.

From the service provider's perspective, analyses might look at incidents and incident reporting compliance over time, differences in incidents among residential versus non-residential providers, patterns of incidents by type of service provider, comparisons between licensed and unlicensed providers, profiles of particular providers, and how providers are using incident reports information to improve the quality of services and to prevent or reduce the numbers of future incidents.

From the consumer's perspective, analyses might look at consumers with high numbers of incidents or comparisons of incidents and responses to incidents between consumers in different age disability groups or diagnostic groups or service settings to understand causes and to develop strategies to prevent or reduce the occurrence of future incidents.

From the clinical perspective, analyses might look at clinical issues that might contribute to the occurrence of incidents and focus on developing appropriate interventions that could be used to better manage, to reduce, or to prevent the occurrence of future incidents.

From the service system's perspective, analyses might look for issues that appear to be affecting a number of service providers, or a number of consumers across the LME's service system, or that might be associated with the delivery of particular kinds of services or supports in order to develop strategies to improve services and supports and the service delivery system.

- Examples of actions taken might include steps being taken by the LME to make sure that providers are aware of incident reporting requirements and are appropriately reporting incidents; monitoring of particular providers based on collected information; educating providers about best practices, clinical approaches to preventing or reducing incidents, how to work with consumers to address problems identified through the incident information, and how to develop intervention strategies to better manage and/or to reduce the occurrence of various types of incidents; and working with provider and consumer groups and other LMEs to address systems issues.

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How To Check the Integrity of the Report:

Before submitting the quarterly report, check the integrity of the data reported to ensure that it is correct and is internally consistent.

- As a check of the integrity of the numbers reported in Section 1A, make sure that the sum of the "Number of Reports by Location of Incident" for each level of incident equals the "Total Number of Incident Reports Received for the Quarter".
- As a check of the integrity of the numbers reported in Section 1B, make sure that the sum of the numbers for the various categories of incidents for each level of incident equals or exceeds the "Total Number of Incident Reports Received for the Quarter" reported in Section 1A.

In cases when all incident reports received identify only one category of incident per incident report, the sum of the incidents in the various categories in Section 1B should equal the total number in Section 1A. In cases when one or more of the incident reports received identify more than one category of incident per incident report, the sum of the various categories of incidents in Section 1B on the quarterly report will exceed the total number in Section 1A.

[To provide an example of the second situation, suppose a single incident report is received for an incident in which an aggressive/destructive act by a consumer resulted in a restrictive intervention. In this case, the incident report should identify two categories of incidents (one under consumer behavior and one under restrictive interventions) while the "Total Number of Incident Reports Received for the Quarter" in Section 1A at the top of the report form will show one incident report. This will cause the sum of the various categories of incidents in Section 1B to exceed the total number at the top of the report form in Section 1A.]

- As a check of the integrity of the numbers reported in Section 1C, make sure that the numbers of providers submitting reports and the highest number of reports for a single provider are internally consistent with the total number of incidents reported in Sections 1A and 1B.

*[For example, it would not be internally consistent for Section 1A to report that **10** incident reports were received and for Section 1C to report that **15** providers submitted reports with the highest number of reports for a single provider being **5**.]*

When to Submit the Report:

All incident reports must be individually reviewed and appropriately handled when they are received. Aggregate incident data must be reviewed and analyzed every three months, and a quarterly report submitted to the Division within 20 days after the end of the quarter. The following table describes the months covered and the due dates for submitting the reports.

Report	Months Covered	Due Date
First Quarter	July, August, and September	October 20
Second Quarter	October, November, and December	January 20
Third Quarter	January, February, and March	April 20
Fourth Quarter	April, May, and June	July 20

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How to Submit the Report:

Submit the quarterly report either electronically, using the WORD template provided or an alternate equivalent electronic format, or on paper.

Electronic copies of the report shall be emailed to:

DMH/DD/SAS Quality Management Team
Email: ContactDMHQuality@ncmail.net

Paper copies of the report shall be mailed or faxed to:

Quality Management Team
Community Policy Management Section
Division of MH/DD/SAS
North Carolina Department of Health and Human Services
3004 Mail Service Center
Raleigh, NC 27699-3004

FAX: (919) 508-0986
Phone: (919) 733-0696

Questions:

Direct any questions about the quarterly report to the Quality Management Team at the above email address or phone number.